

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

STATEMENT OF RESOURCES AND EXPENSES

CUSTODIAL PARENT'S NAME
NONCUSTODIAL PARENT'S NAME
IV-D CASE NUMBER

(Except for your signature, please print or type all responses)

NOTE: You must provide your social security number to the Division of Child Support (DCS). DCS will use the number for child support enforcement services as defined in Title IV-D of the Social Security Act.

I. YOUR PERSONAL DATA

FULL NAME		BIRTHDATE	SOCIAL SECURITY NUMBER
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MESSAGE/CELL TELEPHONE NUMBER	
HOME STREET OR PO BOX ADDRESS		PRESENT MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	
HOME CITY	STATE	ZIP CODE	SPOUSE'S NAME
PLACE OF MARRIAGE (CITY/COUNTY/STATE)			DATE OF MARRIAGE
NUMBER OF CHILDREN LIVING IN MY HOME	NUMBER OF ADULTS LIVING IN MY HOME	E-MAIL ADDRESS	

II. EMPLOYMENT DATA

A. YOUR EMPLOYMENT DATA

OCCUPATION	PRESENT EMPLOYMENT STATUS <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SELF-EMPLOYED		
EMPLOYER'S NAME	EMPLOYER'S TELEPHONE NUMBER		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE
UNION'S NAME	UNION'S ADDRESS	CITY	STATE ZIP CODE

II. EMPLOYMENT DATA (CONTINUED)			
B. YOUR SELF-EMPLOYMENT DATA			
NOTE: Attach a copy of your last business federal income tax return as proof of income and expenditures.			
BUSINESS NAME		BUSINESS ADDRESS CITY STATE ZIP CODE	
TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNERSHIP		BUSINESS TAX IDENTIFICATION NUMBER	
BUSINESS BANK ACCOUNTS LOCATED AT			
GROSS ANNUAL BUSINESS INCOME		NET ANNUAL BUSINESS INCOME	
C. CURRENT SPOUSE'S EMPLOYMENT DATA			
SOCIAL SECURITY NUMBER		OCCUPATION	EMPLOYER'S NAME
EMPLOYER'S ADDRESS CITY STATE ZIP CODE		UNION AFFILIATION	
D. CURRENT SPOUSE'S SELF-EMPLOYED DATA			
NOTE: Attach a copy of spouse's last business federal income tax return as proof of income and expenditures.			
BUSINESS NAME		BUSINESS ADDRESS CITY STATE ZIP CODE	
TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNERSHIP		BUSINESS TAX IDENTIFICATION NUMBER	
BUSINESS BANK ACCOUNTS LOCATED AT			
GROSS ANNUAL BUSINESS INCOME		NET ANNUAL BUSINESS INCOME	
E. MEDICAL/DENTAL INSURANCE FOR DEPENDENTS			
MEDICAL <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF MEDICAL INSURANCE COMPANY		
DENTAL <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF DENTAL INSURANCE COMPANY		
MEDICAL INSURANCE POLICY HOLDER'S NAME		DENTAL INSURANCE POLICY HOLDER'S NAME	
III. INCOME AND ASSETS DATA			
A. INCOME FROM ALL SOURCES FOR THE PRECEDING MONTH			
YOUR SALARY	BUSINESS INCOME	SPOUSE'S INCOME	INCOME OF OTHER ADULTS IN YOUR HOUSEHOLD
OTHER INCOME	TOTAL GROSS INCOME		TOTAL NET INCOME

III. INCOME AND ASSETS DATA (CONTINUED)			
B. GROSS INCOME FROM ALL SOURCES FOR THE PRECEDING 12 MONTHS			
MONTH	YOUR GROSS	SPOUSE'S GROSS	INCOME SOURCE (EMPLOYER'S NAME, ETC.)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

C. SAVING BONDS			
TYPE OF SAVINGS BOND	FACE VALUE	TYPE OF SAVINGS BOND	FACE VALUE

D. PERSONAL BANK ACCOUNTS			
TYPE OF ACCOUNT	BANK NAME AND LOCATION	ACCOUNT NUMBER	BALANCE AT END OF LAST MONTH
CHECKING			
SAVINGS			
CREDIT UNION			
OTHER			

E. STOCKS AND BONDS		
DESCRIPTION	NUMBER OF SHARES	PAR VALUE

III. INCOME AND ASSETS DATA (CONTINUED)					
F. REAL ESTATE (OWNED OR PURCHASING INCLUDING HOME)					
ADDRESS OR LEGAL DESCRIPTION			YEAR ACQUIRED	SECURITIES HELD BY	
G. PERSONAL PROPERTY (OWNED OR PURCHASING)					
TYPE OF PROPERTY	MAKE	YEAR	LICENSE NUMBER AND DESCRIPTION	CONTRACT HELD BY	AMOUNT OWED
AUTO					
AUTO					
BOAT/MOTOR					
BOAT/MOTOR					
CAMPER/RV					
OTHER					
OTHER					
OTHER					
OTHER					
OTHER					
OTHER					
OTHER					
H. SAFE DEPOSIT BOX					
LOCATION OF BOX			DESCRIPTION OF CONTENTS	TOTAL VALUE	
I. LIFE INSURANCE POLICY					
INSURANCE COMPANY NAME AND ADDRESS					CASH VALUE
J. RETIREMENT ACCOUNTS					
TYPE OF ACCOUNT	HOLDING INSTITUTION NAME AND LOCATION		ACCOUNT NUMBER	BALANCE AT END OF LAST MONTH	
IRA					
IRA					
OTHER					

IV. MONTHLY EXPENSES DATA	
A. HOUSING	
1. RENT OR HOUSE PAYMENT	
2. TAXES AND INSURANCE (IF NOT COVERED BY ABOVE PAYMENT)	
3. TOTAL MONTHLY HOUSING (ADD LINES 1 – 2 ABOVE)	
B. UTILITIES	
1. HEAT (GAS AND OIL)	
2. ELECTRICITY	
3. WATER, SEWAGE, GARBAGE	
4. TELEPHONE	
5. OTHER (SPECIFY)	
6. TOTAL MONTHLY UTILITIES (ADD LINES 1 – 5 ABOVE)	
C. FOOD	
1. FOOD FOR PERSONS	
2. MEALS EATEN OUTSIDE MY HOME	
3. OTHER (SPECIFY)	
4. TOTAL MONTHLY FOOD (ADD LINES 1 – 3 ABOVE)	
D. CHILD CARE	
1. DAY CARE/BABY SITTING FOR CHILDREN	
2. CLOTHING	
3. SCHOOL TUITION FOR CHILDREN	
4. CHILD SUPPORT PAYMENTS MADE FOR CHILDREN NOT LIVING WITH YOU	
5. OTHER CHILD RELATED EXPENSES (LIST):	
6. TOTAL MONTHLY CHILD CARE EXPENSES (ADD LINES 1 – 5 ABOVE)	
E. TRANSPORTATION	
1. VEHICLE PAYMENT OR LEASE	
2. INSURANCE	
3. LICENSE	
4. FUEL AND ROUTINE MAINTENANCE	
5. PARKING	
6. OTHER (SPECIFY)	
7. TOTAL MONTHLY TRANSPORTATION (ADD LINES 1 – 6 ABOVE)	

IV. MONTHLY EXPENSES DATA (CONTINUED)		
F. CLOTHING		
1. WORK CLOTHING		
2. OTHER CLOTHING		
3. TOTAL MONTHLY CLOTHING (ADD LINES 1 – 2 ABOVE)		
G. HEALTH CARE		
1. MEDICAL AND DENTAL INSURANCE PREMIUMS		
2. UNINSURED DNETAL, ORTHODONTIC, MEDICAL, AND EYE CARE		
3. OTHER UNINSURED HEALTH CARE EXPENSES (LIST):		
4. TOTAL MONTHLY HEALTH CARE (ADD LINES 1 – 3 ABOVE)		
H. PERSONAL		
1. HAIR CARE/PERSONAL CARE		
2. EDUCATION		
3. BOOKS, NEWSPAPERS, AND MAGAZINES		
4. OTHER (LIST):		
5. TOTAL MONTHLY PERSONAL (ADD LINES 1 – 4 ABOVE)		
I. OTHER RECURRING MONTHLY EXPENSES AND PAYMENTS		
PAID TO	DEBT BALANCE	MONTHLY BALANCE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11. TOTAL OTHER RECURRING MONTHLY EXPENSES AND PAYMENTS (ADD LINES 1 – 10 ABOVE)		

IV. MONTHLY EXPENSES DATA (CONTINUED)	
J. TOTAL MONTHLY EXPENSES	
1. ADD ALL TOTAL LINES IN THE MONTHLY EXPENSES DATA SECTION A THROUGH I	
2. YOUR SHARE OF THE TOTAL MONTHLY EXPENSES FROM LINE 1 ABOVE (THE AMOUNT FROM LINE 1 ABOVE LESS ANY CONTRIBUTIONS/ASSISTANCE FROM ANYONE OTHER THAN YOUR SPOUSE)	
V. DECLARATION	
I declare, under penalty of perjury under the laws of Washington State, that the information I provided on this form is true, correct, and complete to the best of my knowledge. I understand that Washington State may prosecute me for fraud for any intentional false statement of misrepresentation. I understand that my statements are subject to verification by the Department of Social and Health Services.	
SIGNATURE	DATE